

U.S. DEPENDE CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 0-875)

10/024 6'97
APPLICANT(S)

12/74-01
FILING DATE

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

CLAIMS		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					